

EXHIBIT 2

Incident	Agency: SCPD		A		New York State DOMESTIC INCIDENT REPORT			Incident # 17-446447	
	Reported Date (MM/DD/YYYY) 07/30/2017	Time (24 hours) 1732	Occurred Date (MM/DD/YYYY) 07/30/2017	Time (24 hours) 1732	<input type="checkbox"/> Officer Initiated	<input checked="" type="checkbox"/> Radio Run	<input type="checkbox"/> Walk-in	Complaint # 612	
[REDACTED] TERRYVILLE, NY					City, State, Zip TERRYVILLE NY 11776				
Suspect (P2)	Name (Last, First, M.I.) (Include Aliases) CARL ARCO				DOB (MM/DD/YYYY) [REDACTED]		Age: [REDACTED]		<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male
	Address (Street No., Street Name, Bldg. No., Apt. No.) [REDACTED]				Suspect Phone Number: [REDACTED]		Language: ENGLISH		
	City, State, Zip TERRYVILLE NY 11776				<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Other Identifier:		
	Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes describe:		Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input checked="" type="checkbox"/> Not Supervised <input type="checkbox"/> Status Unknown
Suspect (P2) Relationship to Victim (P1) <input type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner <input type="checkbox"/> Parent of Victim (P1) <input checked="" type="checkbox"/> Child of Victim <input type="checkbox"/> Relative: <input type="checkbox"/> Other:								Do the suspect and victim have a child in common? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Victim Interview	Emotional condition of VICTIM? <input type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input type="checkbox"/> Other:								
	What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? HE WAS WALKING AROUND WITH A KNIFE, IT MADE ME NERVOUS								
	Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: CONCERNED WITH HIS WELL BEING								
	Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other, describe:				Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Threats to: <input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide <input type="checkbox"/> Other Describe:				
Suspect	Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				
	In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation <input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing				
	What did the SUSPECT say (Before and After Arrest): IM FINE				Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				
	710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Incident Narrative	Briefly describe the circumstances of this incident: P1 STATES THAT P2 IS A DIAGNOSED AND HASN'T BEEN TAKING HIS MEDICATION. P1 STATES THAT P2 WAS WALKING AROUND WITH A KNIFE PRIOR TO ARRIVAL OF PD. P2'S ACTIONS MADE P1 CONCERNED FOR HIS WELL BEING. DUE TO THESE ACTIONS THE UNARMED POLICE OFFICER TRANSPORTED P2 TO CPED FOR FURTHER EVALUATION. PISTOL LICENSE CHECKED WITH NEGATIVE RESULTS.								
	DIR Repository checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection Registry checked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Order of Protection in effect? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refrain <input type="checkbox"/> Stay Away								
Evid	Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:		Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:		Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Describe:		
	Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, explain: NO OFFENSE		Offense 1		Law (e.g. PL)		Offense 2
Offense									Law (e.g. PL)

Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):

NO PRIOR DOMESTIC REPORTS

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or

Local Domestic Violence Service Provider: () _____

Has Suspect ever:

Threatened to kill you or your children? ☐ Yes ☒ No

Strangled or "choked" you? ☐ Yes ☒ No

Beaten you while you were pregnant? ☐ Yes ☒ No

Is suspect capable of killing you or children? ☐ Yes ☒ No

Is suspect violently and constantly jealous of you? ☐ Yes ☒ No

Has the physical violence increased in frequency or severity over the past 6 months? ☐ Yes ☒ No

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? ☐ Yes ☒ No

If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.

Was DIR given to the Victim at the scene? ☐ Yes ☒ No if NO, Why:

WAS GIVEN AFTER TRANSPORT TO CPED

Was Victim Rights Notice given to the Victim? ☒ Yes ☐ No if NO, Why:

Signatures:

Reporting Officer (Print and Sign include Rank and ID#)

CHRISTOPHER BRIAN POB571/610/2

Supervisor (Print and Sign include Rank and ID#)

STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I)

I _____ (Victim/Deponent Name) state that on ____ / ____ / _____, (Date)
at _____ (Location of incident) in the County/City/Town/Village _____
of the State of New York, the following did occur:

NO STATEMENT GIVEN
POB571/610/2

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature

1/20/217

Date

Witness or Officer Signature

CHRISTOPHER BRIAN POB571/610/2

Date

Interpreter Signature and Interpreter Service Provider Name

Date

Interpreter Requested ☐ Yes ☒ No Interpreter Used ☐ Yes ☒ No

Note:

Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.

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